

Applicant:	Tzvi Avnery		
Application No.:	10/666,982	Group:	1795
Filed:	September 19, 2003	Examiner:	Kishor Mayekar
Confirmation No:	8622		
For:	GAS CONVERSION SYSTEM		

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	7	MINUS	* 23	0
INDEP	3	MINUS	** 11	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

RATE	ADDIT. FEE
X \$ 25	\$
X \$105	\$
+ \$185	\$

TOTAL = \$ 0

OR

**OTHER THAN
SMALL ENTITY**

RATE	ADDIT. FEE
X 50	\$ 0
X \$210	\$ 0
+ \$370	\$

TOTAL = \$ 0

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY

Rate	Total Amount Owed
X \$130	\$[]

**OTHER THAN
SMALL ENTITY**

Rate	Total Amount Owed
X \$260	\$[]

Payment Sufficient for up to
[] Sheets

Petition for Extension of Time

☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	_____
		\$	_____
		\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	_____
		\$	_____
		\$	_____
	TOTAL:	\$	_____

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Darrell L. Wong, Reg. No. 36725/
 Darrell L. Wong
 Registration No.: 36,725
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: January 16, 2009